Annual Report

Alberta Health

1990-91

Alberta
HEALTH

Alberta
HEALTH

92-05120/

Office of the Minister

323 Legislature Building, Edmonton, Alberta, Canada T5K 2B6 403/427-3665

March, 1992

The Honourable Dr. David J. Carter
Speaker of the Legislative Assembly of Alberta

Sir:

I have the honour to present the Annual Report for the Department of Health, covering the fiscal year ended March 31, 1991.

Respectfully submitted,

Nancy J. Betkowski
Minister of Health

Alberta
HEALTH

Office of the Deputy Minister

10025 Jasper Avenue, Edmonton, Alberta, Canada T5J 2N3 403/427-7164 Fax 403/427-1577

March, 1992

The Honourable Nancy J. Betkowski
Minister of Health
323 Legislature Building
Edmonton, Alberta
T5K 2B6

Madam Minister:

I have the honour of presenting you with the Annual Report of the Department of Health. The information contained within covers the fiscal year ended March 31, 1991.

Additional statistical information regarding the operations of Alberta Health can be found in the Department's Statistical Supplements, which are published separately.

Respectfully submitted,

Rhéal J. LeBlanc
Deputy Minister of Health

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Summary of Major Activities

Emergency Health Services

The Ambulance Services Act received Royal Assent on July 5, 1990. Seven regulations were drafted, with the first four sent to stakeholders for a three month review in March of 1991. The regulations dealt with: Ambulance District Boards, Ambulance Vehicle Maintenance, Inter-facility Transfer, and Staff, Vehicle & Equipment. The remaining three regulations were scheduled to be distributed to stakeholders in the fall of 1991.

Mental Health Division

The Provincial Advisory Committee on Mental Health Issues was established in August 1990 to advise the Minister of Health on community concerns.

A new position, Provincial Youth Suicide Prevention Coordinator, was created.

A $2 million children's initiative was announced to develop and deliver services for children and families across the province.

Public Health Division

The largest number of cases of pertussis (whooping cough), ever reported in Alberta was recorded — 5,137.

Incidence of AIDS levelled off in 1990 (47 cases) after seven years of steady increase.

A two year pilot project began in Edmonton and Calgary for the prevention of HIV transmission among and from injection drug users. These programs include education, referral for treatment, and provision of condoms and syringe and needle exchange as necessary.

The Alberta Heart Health Survey, a project developed to estimate the level and awareness of risk factors for cardiovascular disease in Alberta for those 18 - 74 years of age was completed. More than 2,200 Albertans were surveyed.

The Alberta Program for the Early Detection of Breast Cancer opened dedicated sites in Edmonton and Calgary in October 1990. Eligible women aged 50 - 69 throughout Alberta are able to take part in the screening program.

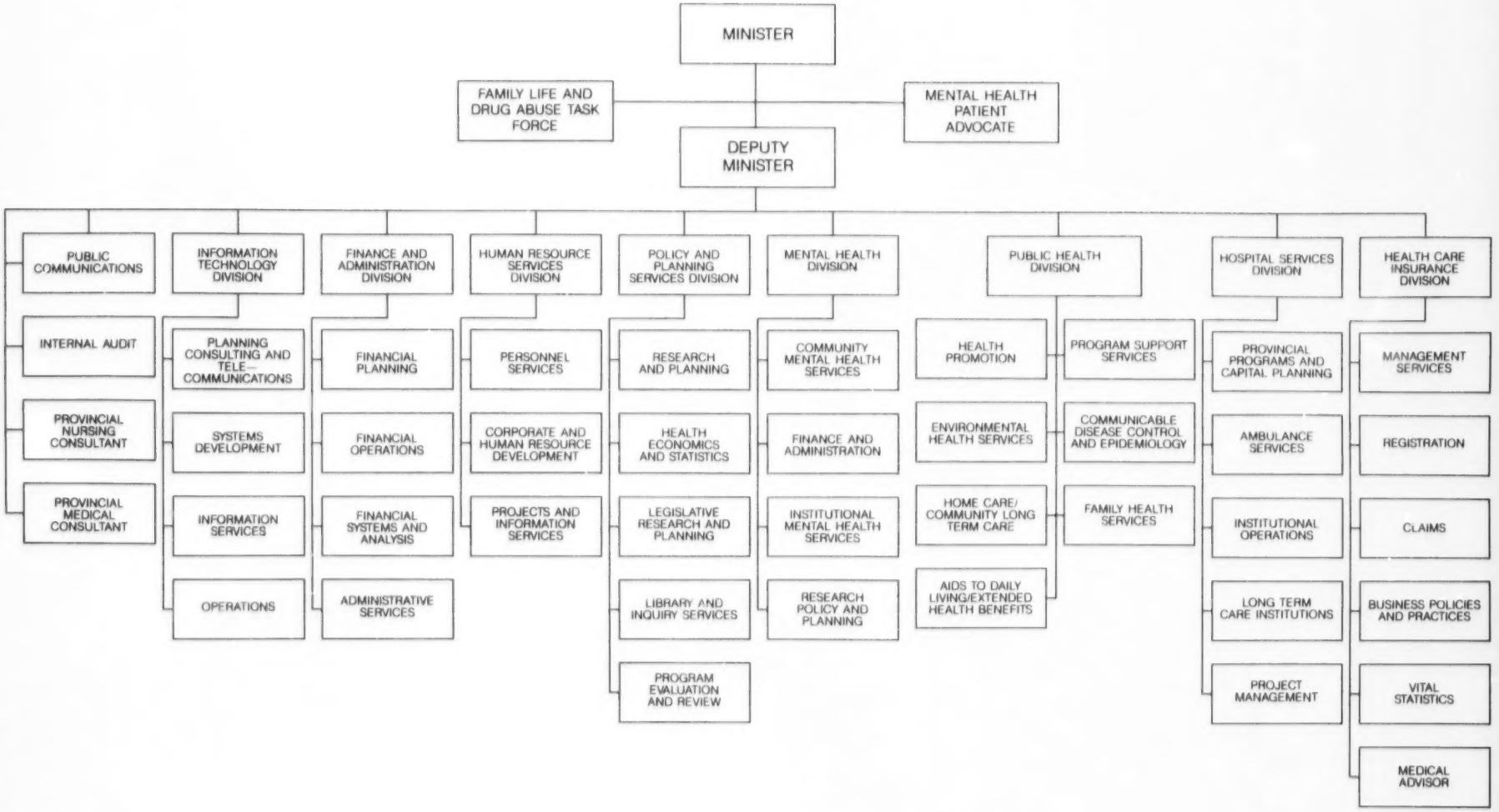
Home Care eliminated the eligibility restriction for persons under 65 years of age. Full home care services are now available to all Albertans who qualify for the program.

Nursing Initiatives

The first Ph.D. nursing program in Canada began in January 1991 at the University of Alberta. This program will contribute to advancing nursing research, education and practice in Alberta.

ALBERTA HEALTH ORGANIZATION CHART

March 31, 1991



Alberta Health Care Insurance Plan

The Alberta Health Care Insurance Plan is a provincial government insurance plan which covers the costs of medical services and a number of related health care services for registered Alberta residents and their dependants. The Plan operates under the authority of the Alberta Health Care Insurance Act and the Health Insurance Premiums Act.

Administration of the Plan includes:

- registration of eligible Albertans;
- collection of premiums;
- provision of premium assistance for low-income Albertans;
- establishment of benefits;
- determination of fee schedules and payment of claims for services rendered by eligible practitioners and approved facilities;
- provision of supplementary programs for Albertans such as Extended Health Benefits for seniors and persons in receipt of the Alberta Widows' Pension, Blue Cross coverage for those unable to obtain coverage through an employer, and out-of-province medical service financial assistance;
- registration of eligible medical and paramedical practitioners;
- monitoring of the billing practices of registered practitioners.

ELIGIBILITY FOR BENEFITS

Residents who wish to be eligible for benefits must register with the Plan and pay monthly premiums (except for Exempt Groups). Persons aged 65 and over, their spouses and dependants, and persons in receipt of the Alberta Widows' Pension and their dependants receive premium-free coverage.

During the past year, the number of persons covered by Alberta Health Care increased 1.7 per cent to 2,612,691 from 2,568,211 and the number of registrations increased 1.6 per cent to 1,203,864 from 1,184,354.

Registrants who chose to opt out of Alberta Health Care as of March 31, 1991 decreased by 2.6 per cent to 76 from 78 at March 31, 1990. This involved 205 people who chose to accept responsibility for paying their own health services.

Highlights

- A joint committee was formed with representation from Health and Welfare Canada, Employment and Immigration Canada, Alberta Career Development and Employment, Alberta Family and Social Services, and Alberta Health, to examine the health coverage available at all levels of government to persons under immigration jurisdiction.
- Information sharing was established with the following Alberta government departments to compare common records. This computer-based collaboration gives each department updated records of their clients.
  - Family and Social Services
  - Solicitor General
  - Municipal Affairs

PREMIUM ASSISTANCE PROGRAM AND EXEMPT GROUPS

Subsidized Premiums

Reduced premiums, based on a person's previous year's taxation information, are available if the person qualifies and applies. The subsidy granted by the Alberta Health Care Insurance Plan applies to one benefit period only and ends each June 30.

Highlights

- Work began on establishing an automated process with Revenue Canada for verifying Alberta residents' eligibility for premium subsidy.

Exempt Groups

In addition to the premium assistance program, the Plan provides premium-free group coverage to those persons who are financially cared for by other provincial government programs.

The number of registrations and persons covered under premium-exempt groups were as follows:

	March 31, 1991		March 31, 1990	
	Registrations	Persons	Registrations	Persons
Social Services and Child Wards	67,131	138,659	64,564	132,307
Provincial Correctional Institutions	1,260	1,493	1,411	1,735
Young Offenders	13	13	28	29
Mental Health Hospitals	1,199	1,302	1,245	1,341

FINANCING THE PLAN

The Alberta Health Care Insurance Plan is financed by premiums, Government of Canada cash contributions and by a Government of Alberta grant to cover the remainder.

Premiums

Premiums, interest and penalties on late premium payments financed 31.4 per cent of the cost of Alberta Health Care, compared to 29.7 per cent the previous year. Effective October 1, 1990, monthly premium rates were increased (to $23.00 from $19.75 — single coverage; to $46.00 from $39.50 — family coverage) with plans to phase in additional increases over the next two years. The objective of these increases is to raise premium revenue so that it covers one half of the cost of basic health services, excluding services provided to seniors.

Revenue foregone due to the premium assistance program, exempt groups, and premium-free coverage to senior citizens and Alberta Widows' Pension recipients totalled $132,294,658. The revenue foregone represents 27.6 per cent of gross premium revenue.

Government Funding

Government of Canada cash contributions accounted for 14.1 per cent of the cost as compared with 15.0 per cent for the previous year. The remaining 54.5 per cent was funded by a grant from the Government of Alberta, compared to the previous year's 55.3 per cent.

BASIC HEALTH BENEFITS

Benefits for services provided are paid according to an approved schedule of benefits and are available to all registered residents of Alberta. Where benefit year limitations exist, a benefit year runs from July 1 of one year to June 30 of the following year.

Highlights

- Effective April 1, 1990 the general increase to the Schedule of Medical Benefits was 2.9 per cent. An additional 1.5 per cent was made available for changes to the General Rules, and the introduction of new items and amendments.
- Benefit rates paid to practitioners for provision of other health services increased:
  - 3.0 per cent for chiropractic, optometric and physical therapy services effective July 1, 1990.
  - 3.0 per cent for podiatry and basic dental services excluding temporomandibular (TMJ) services effective August 1, 1990.

EXTENDED HEALTH SERVICES

In addition to premium free Basic Health benefits, the Alberta Health Care Insurance Plan provided extended health benefits premium free to registrants aged 65 and older, their spouses and dependants, as well as to widows and widowers receiving the Alberta Widows' Pension and their dependants.

Highlights

- The number of registrations in the 65 years of age and older group receiving Extended Health Benefits increased 3.4 per cent to 184,740 from 178,644 and the number of persons covered increased 3.5 per cent to 269,584 from 260,586.
- The number of registrations with Alberta Widows' Pension coverage decreased 5.5 per cent to 3,108 from 3,289 and the number of persons covered decreased 5.3 per cent to 3,435 from 3,627.
- Benefit rates paid to the providers of extended health services increased as follows:
  - 3.0 per cent for dental, ophthalmic dispenser and optometric services effective August 1, 1990.
  - 3.0 per cent for dental mechanic services effective October 1, 1990.

ALBERTA BLUE CROSS NON-GROUP MEMBERSHIP

Additional health insurance is available through the Alberta Health Care Insurance Plan on an individual (non-group) basis at special rates to residents who are unable to obtain Alberta Blue Cross coverage through an employer.

Also, the Plan provides Alberta Blue Cross coverage at no charge to registrants aged 65 and older and their dependants, and to eligible widows and widowers aged 55 to 64 and their dependants.

Highlights

- The number of registrations under Alberta Blue Cross Non-Group coverage increased 1.0 per cent to 255,985 from 253,571 and the number of persons covered decreased 0.4 per cent to 438,139 from 439,812.
- Premiums for Blue Cross increased October 1, 1990, as follows:

Single	$13.75	(was $8.60)
Family	$27.50	(was $17.20)

OUT-OF-PROVINCE ASSISTANCE PROGRAMS

Two programs are available to assist Albertans in covering the costs of insured medical and hospital services that are provided outside Alberta. They are the Out-of-Province Supplementary Assistance Program and the Emergency Financial Assistance Program.

Out-of-Province Supplementary Assistance Program

This program applies when an Alberta patient is referred by an Alberta physician elsewhere in Canada for insured medical services not available in Alberta, or outside the country if the service is not available in Canada.

The program covers insured medical and hospital costs. In addition, return air transportation costs, within Canada and continental U.S.A., can be covered.

Emergency Financial Assistance

Under this program, a resident may request special consideration to help pay for unexpected insured medical and/or hospital care required while temporarily absent from Canada. The program applies only if:

(a) the need for emergency health care could not have been reasonably foreseen and guarded against, and

(b) the excessive costs of this care, beyond the amount covered by Alberta's health care and hospital insurance plans, place an undue financial burden upon the registrant.

Highlights

- During the fiscal year 1990/91 the number of applicants to the Out-of-Province Assistance Program and Emergency Financial Assistance Program rose by 43.1 per cent. The costs of the medical services increased by 12.6 per cent to $1,189,083 while hospital costs increased by 100.5 per cent to $4,652,093.

BENEFIT EXPENDITURES

Basic Health Services

Total expenditures for Basic Health Services (provided in and outside of Alberta) increased by 6.5 per cent to $853.5 from $801.7 million in 1989/90. Included were fee-for-service payments, as well as payments in respect of practitioners on salary, sessional and contract arrangements.

Health Discipline	1990/91 Expenditures (thousands of dollars)	% increase (over 1989/90)	$ increase (thousands of dollars)
Medical	765,570	6.4	45,814
Oral Surgery	10,506	3.7	377
Chiropractic	29,323	6.2	1,708
Optometry	17,465	4.2	699
Podiatry	4,037	6.0	230
Physical Therapy	26,572	12.5	2,954
TOTAL	**853,473**	**6.5**	**51,782**

* Expenditures are reported on a date-of-service basis for each year ending March 31.

Sessional payments are an alternate form of physician remuneration to fee-for-service. Agreements are established and maintained between the Department, hospitals and agencies. During the 1990/91 fiscal year, programs under sessional payment agreements included: psychiatric services, out-patient diagnostic and treatment services for children, geriatric services, paediatric neonatology and intensive care, three inner city community health clinics (one located in Edmonton and the other two in Calgary) and two sport medicine clinics (one each in Edmonton and Calgary).

The total expenditure for sessional payments provided from the Alberta Health Care Insurance Fund, was $5,350,000.

The average expenditure per person for Basic Health Services increased 4.8 per cent to $327.

Extended Health Services

Fee-for-service expenditures for Extended Health Benefits and their percentage increases over the previous year were:

Health Discipline	1990/91 Expenditures (thousands of dollars)	% increase	$ increase (thousands of dollars)
Dentists	26,072	8.1	1,957
Denturists	9,811	7.5	682
Optometrists	3,000	-1.1	-32
Ophthalmic Dispensers	3,744	5.7	203
TOTAL	**42,627**	**7.1**	**2,810**

Out-of-Province Hospital Services

Out-of-province hospital services refer to expenditures made by the Alberta Health Care Insurance Plan to other provinces in Canada and other countries on behalf of the Alberta residents who receive hospital services (in-patient and out-patient) outside Alberta. Expenditures increased by 11.5 per cent to $36,393,000 in 1990/91 from $32,644,000 in 1989/90.

Alberta Blue Cross Benefits

Alberta Blue Cross Plan expenditures (benefits and administration) rose to $153,866,000 from $140,768,000 an increase of 9.3 per cent.

PHYSICIAN PROGRAM BENEFITS

Liability Insurance Contributions

Under an agreement reached between the Government of Alberta and the Alberta Medical Association, Alberta Health reimburses Alberta physicians for liability protection dues. Physicians practising in Edmonton and Calgary receive 50 per cent of their annual liability insurance fees above a base level deductible, while physicians practising elsewhere in the province are refunded 100 per cent of their premium fees above the deductible. The Department's contribution for the 1990/91 fiscal year totalled $4,780,000.

Incentive Payments Program

The purpose of this program is to encourage physicians to practice in rural communities by providing incentive payments. Expenditures for location incentives for 1990/91 totalled $1,415,000 and applied to approximately 125 physicians.

Continuing Medical Education

By agreement with the Department, the Alberta Medical Association administers a Continuing Medical Education Program which is funded by the Department. This provides an allowance for fee-for-service Alberta physicians who wish to continue their post-graduate medical education. Department funding for fiscal year 1990/91 totalled $1,870,000 and covered 3,204 full-time equivalent physicians.

Alberta Physicians Disability Insurance Program

This program, administered by the Alberta Medical Association, provides disability insurance for eligible Alberta fee-for-service physicians. For fiscal year 1990/91 the Department's contribution to the disability insurance fund was $1,357,000 covering the equivalent of 3,204 full-time physicians.

OTHER ACTIVITIES

STATEMENT OF BENEFITS

Albertans can obtain upon written request a Statement of Benefits which details the services provided and payments made on their behalf by the Plan.

Highlights

- During this reporting period, 7,637 Statements of Benefits were produced and distributed to Albertans.

PROFESSIONAL REVIEW

The Professional Review function provides monitoring of medical and non-medical practitioners registered with the Plan. As part of an on-going liaison between the Plan and the College of Physicians and Surgeons, physician patterns of practice are reviewed and presented to the College. Similar reviews of the practices of non-medical practitioners are being developed. Monitoring utilization promotes the identification and interpretation of current and emerging trends in health care and aids in identifying areas of potential concern within the health care system.

NEW INITIATIVES — CLAIMS REDEVELOPMENT

The Claims Redevelopment Project (CRP), is underway to introduce new business initiatives and up-to-date technologies to upgrade the existing 20 year old Claims Processing System. Specifically, CRP aims to achieve:

- An automated claims assessment process which will deal with all but a few exceptional claims, and will facilitate continuous immediate updating of records, payment histories, rules and fees;
- An improved support system for the electronic submission of claims by practitioners' offices and a more flexible and functional system;
- An information base from which health care statistics can be analyzed for cost summaries, patterns of services, etc.

Highlights

- The Analysis Phase of the CRP was completed during 1990-91. The detailed design of CRP is expected to be completed by February 28, 1992, and the full implementation of CRP is expected to occur March 31, 1993.

INSTITUTIONAL OPERATIONS BRANCH

This Branch provides leadership, and collaborates with health service partners in planning, developing and funding hospital services. Institutional Operations also projects financial support required for hospital programs and allocates resources. Staff monitor hospital operations, identify potential problems and provide consultation where appropriate in financial, administrative and operational matters.

As the primary link between Alberta Health and hospitals, Institutional Operations Branch staff ensure government policy is implemented in relation to hospital services.

Highlights

- The Provincial Advisory Committee on Cardiovascular Services implemented a cardiovascular data base that provides accurate information on waiting lists, mortality and morbidity statistics. A formula for funding to improve access to cardiovascular surgery has also been developed to address the topic of waiting lists.
- The MIS Guidelines Chart of Accounts was implemented in all active treatment hospitals in Alberta. The overall objective is to obtain consistent financial, statistical and clinical information to support decision-making.
- The Branch continued to provide support and take an active role in the further development of hospital funding changes coordinated by the Acute Care Funding Plan. This included the consolidation of all program and service inventories for hospitals in Alberta on an automated data base that will help strengthen existing networks of shared services.
- Work continued on the development and implementation of a waste management action plan. Private sector and government collaboration is being encouraged for the transportation and incineration of hospital biomedical waste.
- Branch staff worked with groups such as the Council of Teaching Hospitals of Alberta on the physician remuneration and utilization management project.

Acute Care Funding Plan

Revisions to funding of acute care hospitals continued. The Acute Care Funding Plan was extended to involve all hospitals by establishing a rural hospital committee that examined how new funding methodologies could be applied to rural hospitals.

The Role Statement Process began with hospitals conducting an inventory of existing programs. This formed the basis for discussions with other service providers regarding their programs and services.

The hospital performance index was used to re-allocate funding to reflect severity of illness and efficiency of operation.

The Ambulatory Care component of the Acute Care Funding Plan was a major focus of attention. Services were divided into day surgery, emergency services, ambulatory clinics plus diagnostic and therapeutic services. A trial project to test a diagnosis-based workload measurement system was designed for testing early in the 1991/92 fiscal year. Implementation of the Emergency component of the Ambulatory Care Project is scheduled for 1992/93. Day surgery will be the next area of focus.

LONG TERM CARE INSTITUTIONS BRANCH

This Branch is responsible for funding, developing, implementing, monitoring and reviewing resident care programs, standards, policies and guidelines of long term care facilities in Alberta.

Highlights

- The province-wide implementation of single point of entry continued. Twenty workshops involving 22 health units were held throughout the province.
- Additional funding was provided for: supply costs for nursing homes and heavy care residents; a province-wide implementation of oxygen use in nursing homes; and implementation of a consistent leave of absence policy.
- Four psychogeriatric consultation teams were established in Medicine Hat, Hospital District #24, Red Deer Region and St. Paul. The program is intended to assist long term care facilities in the assessment and day-to-day management of elderly persons exhibiting mental health problems or problem behavior.
- Continuing education modules in infection control were expanded to include a variety of health care workers. Symposiums for registered nurses in long term care facilities were held and videotapes were produced and made available.

- $900,000 was made available for day program demonstration projects. Two day-hospitals and six day-support program sites have also been funded. In February 1991, proposals were requested for a three-year evaluation of day programs.

PROVINCIAL PROGRAMS AND CAPITAL PLANNING BRANCH

This Branch is responsible for planning and responding to the physical requirements (new construction, renovations and equipment) of health care facilities and the program and operating support requirements in such specialized areas as diagnostic imaging, laboratory medicine, rehabilitation and food services. The Branch is also responsible for assessing and evaluating new and existing technologies, programs and facilities.

Highlights

- The Rainbow Report proposed that the Government of Alberta establish mechanisms to assess health technologies and to promote Alberta-developed health technologies that may be marketable nationally and internationally. The Alberta Research Council and Alberta Health worked throughout 1990 with stakeholders from the health care system, research, industry, and academic institutions to prepare a response to this recommendation.
- The Pilot Phase of the Shared Laboratory Services Program was fully evaluated. The evaluation involved determining client hospital and medical staff satisfaction, cost effectiveness and improved total patient care. In June of 1990, the Minister of Health approved the program.

Capital Planning

At the beginning of the 1990-91 fiscal year, there were 69 health facility capital projects in various stages of implementation representing a commitment of approximately $2.8 billion. Work on 35 projects was deferred until 1991-92 or subsequent years and no new projects were approved in 1990-91. A prioritization process was developed to determine which projects may be allowed to proceed in future years and their timing.

During 1990-91, major projects were completed for Alberta Children's Hospital (Calgary), Wetaskiwin General Hospital, Rimbey Nursing Home, Raymond General Hospital, Alberta Hospital Ponoka, and Rainbow Lake. Renovation projects were completed at St. Joseph's General Hospital (Vegreville), Fort Saskatchewan General Hospital, and Glenmore Park Auxiliary Hospital (Calgary).

AMBULANCE SERVICES BRANCH

Air Ambulance Program

Request for Proposals for the provision of dedicated (confirmed by contract) air ambulance service from six communities in Alberta and for regional dispatch of air ambulance were drafted. The six communities are High Level, Peace River, Fort McMurray, Edmonton, Calgary and Medicine Hat. Non-dedicated air ambulance service will continue to be provided from communities that prefer to use local resources.

Ground Ambulance Program

The Ambulance Services Act received Royal Assent on July 5, 1990. Seven regulations were drafted. The new Act will ensure a standard level of service is available to all Albertans. The first package of four regulations was sent out for a three month public review on March 8, 1991:

1. Ambulance District Board Regulation;
2. Ambulance Vehicle Maintenance Regulation;
3. Inter-facility Transfer Regulation; and
4. Staff, Vehicle & Equipment Regulation.

GRADUATE MEDICAL EDUCATION PROGRAM

Under this program, the Department provided funding for the salaries of a number of interns and residents employed in Alberta teaching hospitals. During 1990/91 the Department supported 663 postgraduate training positions. Also, the Department funded stipends paid to medical undergraduates, who gain practical work experience in a teaching hospital during their final year of medical school, and to other health profession trainees during practicum training.

In addition, the Department shared the funding of geographic appointees. These physicians are members of an Alberta university Faculty of Medicine, who provide clinical teaching and supervision to undergraduate and postgraduate medical trainees in Alberta teaching hospitals.

Mental Health Division

The mission of Alberta's mental health system is to promote, preserve, and restore the mental health of Albertans.

This mission is achieved through the four branches of the Division and their respective operational areas. The Branches are: Community Mental Health; Institutional Mental Health Services; Finance and Administration; and Research Policy and Planning.

The major focus in 1990/91 continued to be on the development of programs emphasizing greater coordination among community and hospital-based mental health programs.

The Division focused on improving service to four specific client groups: **1)** individuals chronically disabled by mental illness, **2)** children and adolescents, **3)** the elderly, and **4)** rural residents. In addition, the Division recognized the challenge provided by the unique needs of other special groups such as natives and immigrants.

Highlights

- The paper "Mental Health Needs of Elderly Albertans" was released for a second round of stakeholder consultation.
- The Provincial Advisory Committee on Mental Health Issues was established in August 1990 to advise the Minister on community concerns.
- Terms of reference for the nine Regional Mental Health Planning Committees were approved and the nomination process began.
- A conceptual model to address family violence was developed. The model was incorporated into a five-year government-wide action plan.

COMMUNITY MENTAL HEALTH BRANCH

Highlights

- The Community Mental Health Branch developed a mission statement emphasizing the empowering of communities to promote, preserve and restore the mental health of Albertans in their respective communities.

COMMUNITY MENTAL HEALTH CLINICS

A network of 54 mental health clinics and more than 40 satellite clinics in the Division's six geographic regions serve clients throughout the province. These clinics provide:

- assessment and treatment;
- consultation to general practitioners, health facilities, schools, and other community agencies;
- follow-up services to patients discharged from health care facilities; and
- placement of clients in residential and non-residential community facilities or programs.

In the 1990-1991 fiscal year, the clinics served 20,193 cases with about 48 per cent of the caseload in the urban regions of Edmonton (5,870 cases) and Calgary (3,817 cases).

The chronically disabled, although accounting for only 18 per cent of the total caseload, consume 30 per cent of the contact hours.

REGIONAL HIGHLIGHTS

Northeast Region Highlights

- The Native Community Development Program in Lac La Biche addressed needs related to suicide prevention, self-esteem and family life in native communities.
- INSITE, a collaborative counselling service between the Northeast Region and St. Therese Hospital in St. Paul, concluded its first year of operation. A similar program in Fort McMurray called VENTURE completed its fourth year of operation.
- A family-school liaison program in Athabasca was funded through the Community Agency Support Services Program (CASS).

Northwest Region Highlights

- The developmental review of Spectrum, a pilot project aimed at coordinating services for persons with mental illness, was completed.
- A committee was formed with Queen Elizabeth II Hospital staff in Grande Prairie to design and develop a program to provide mental health consultation for long-term care facilities.

- A collaborative study was conducted with Public Health Division, investigating the mental health needs of adolescents in the Peace River Area.
- A new early detection/intervention program was set up in Fairview, with the Division providing financial, advisory and consultative support.
- An interagency committee was formed to review the continuum of services for chronically mentally ill persons.
- Work began on a formal quality assurance program for the Region in response to the new standards for Community Mental Health Clinics.

Edmonton Region Highlights

- Negotiations for the transfer of the Children and Adolescent Services-Edmonton to private board status neared completion.
- In line with the new children's initiative, three children's mental health positions were allocated to provide consultation, coordination and planning functions between the Community Mental Health Clinic and community-based children's services.
- The Region collaborated with other community agencies in the presentation of two major conferences: the 4th Annual Cross Culture Aspects of Mental Health (focus on post-traumatic stress victims of torture), and the Edmonton Emergency Psychiatric Conference.

Central Region Highlights

- Work began on the development and implementation of a regional children's plan to develop community-based services.
- Assisted in the development and implementation of the Regional Institutional Support and Referral Services (RISARS) psychogeriatric program.
- Established closer linkages with natives and service providers to natives.
- Developed projects focusing on positive health choices regarding parenting, self-development/lifestyle, and post-trauma incidents.
- Conducted a Needs Assessment Survey with the Canadian Mental Health Association to study community needs and wants of chronically mentally ill persons.
- Completed a post-partum research study in conjunction with the Minburn-Vermilion Health Unit.

Calgary Region Highlights

- Developed a Children's Mental Health Program with schools in Calgary where consultation, assistance with project development and direct clinical work were provided.
- Collaborated on the opening of the East Side Family Centre. The Program serves individuals and families on a walk-in basis.
- Received a Three-Year Award from the Canadian Council of Health Facilities Accreditation for meeting service delivery standards.
- Participated on the Steering Committee for the Canadian Council of Health Facilities Accreditation, to assist in the development of criteria for evaluating community-based mental health clinics across Canada.
- Coordinated a response from community agencies and consumers to a plan for the new Rehabilitation Centre at the General Hospital.
- Provided over 30 critical incident stress debriefings to various organizations within Calgary and its surrounding communities.
- Partially funded an 18-month collaborative pilot project to assist mentally ill street people.

South Region Highlights

- Received a three-year award from the Canadian Council on Health Care Facilities Accreditation for meeting service delivery standards.
- Two-thirds of the South Region personnel have completed native awareness training.
- Recruited two new approved home operators bringing the number of approved homes to 16, with the potential of 27 spaces. The four group homes in the region gave a combined capacity of 30 spaces.

COMMUNITY AGENCY SUPPORT SERVICE (CASS)

To reflect the emphasis on community-based services, the name of the program was changed from Funded Agency Program to Community Agency Support Services.

Under the program, Mental Health Division contracts with over 50 private sector individuals and agencies to provide residential and non-residential programs in the community. Residential programs (e.g. assessment unit, group homes) provide clients with community-based accommodations that are most appropriate to their needs and levels of functioning. Non-residential programs (e.g. drop-in centres, counselling services, life skills) are geared toward enriching the lives of mentally disabled persons.

CASS managers also directly administer a province-wide Approved Home program, which provided about 350 clients with room, board and support services in family homes.

In 1990/91, funding of approved homes and community agencies exceeded $6.5 million.

With support from the Program Evaluation and Review Branch, preparation of a community agency self-assessment guide started.

SUICIDE PREVENTION PROGRAM

The Suicide Prevention Program's goals are to reduce the incidence of suicide and self-destructive behaviours, and to reduce the impact of suicide on individuals, families and communities. This program incorporates community outreach, education, training and research.

The program's philosophy is based on the following beliefs: by promoting the health of individuals, families and communities, the society as a whole can benefit; prevention of suicide is a societal and community responsibility; and suicide prevention can best be accomplished through collaborative efforts with other organizations, agencies and individuals.

Highlights

- The third annual provincial Suicide Awareness Week was held in March, 1991. Special emphasis was given to survivors of suicide.
- Grande Cache and Grand Centre took steps towards developing comprehensive Suicide Prevention Programs for their areas.
- Information requests to the Suicide Information and Education Centre totalled 2,264.
- Seventy-one workshops were held through the Suicide Prevention Training Program. More than 11,000 Albertans have now been trained in suicide prevention. Also, a Suicide Bereavement workshop for caregivers has been developed and is currently going through a field testing.
- The Suicide Prevention Training Program coordinated the development, testing, and distribution of the National Youth Suicide Awareness Presentation manual.
- A new position, Provincial Youth Suicide Prevention Coordinator, was created.

CHILDREN'S MENTAL HEALTH SERVICES

Responsibilities assigned to this program include the overall planning, development, monitoring, coordination and funding of a provincial children's mental health service. Assessment and treatment services are provided through community clinics and specialized programs located in the six regions. Funding is also allocated to non-government organizations.

Highlights

- A $2 million children's initiative was announced to develop and deliver services for children and families across Alberta.
- Alberta Health assisted in a province-wide review of children's mental health services.

NATIVE MENTAL HEALTH SERVICES

Native Mental Health Services has established linkages with traditional native healers to provide service to native clients beyond normal psychiatric intervention. This service is now being expanded.

More than 20 Mental Health Staff have participated as co-trainers to native counsellors at the NECHI Institute — a native alcoholism treatment centre.

INSTITUTIONAL MENTAL HEALTH SERVICES BRANCH

The Institutional Mental Health Services Branch is responsible for the operation of three Extended Care Centres, the Hospital Mental Health Services Program and the provision of support to the Mental Health Review Panels.

EXTENDED CARE CENTRES

The Division operates three accredited Extended Care Centres at Camrose (Rosehaven), Claresholm and Raymond. Claresholm and Raymond concentrate their program efforts on long-term psychiatric rehabilitation, while Rosehaven operates programs aimed at elderly persons requiring psychogeriatric care.

All care centres have community programs which focus on discharging patients into the community and on enhancing care to persons living at home or in supported community residences.

Highlights

- The Canadian Council of Health Facilities Accreditation awarded both Raymond and Claresholm Care Centres a 3 year accreditation status.

Rosehaven Care Centre

- Capital construction was delayed due to a fire on June 18, 1990.
- The facility's Emergency Plan was updated to include a Tornado Response component.
- Patient charting was reviewed using the Saskatchewan Extended Care model as a base.

Claresholm Care Centre

- The redevelopment process for Claresholm Care Centre entered the design phase during 1990-91.
- A new Quality Assurance Program and process were instituted ensuring measurable criteria for accountability and cost- effective services.
- Workload monitoring and indices were introduced in the therapy departments.

Raymond Care Centre

- The Honourable Nancy J. Betkowski officially opened the renovated Raymond Care Centre on June 22, 1990.
- Fiftieth Anniversary celebrations of the Care Centre took place on September 15, 1990.
- A Special Friends Program was developed involving residents and handicapped children in the community.
- A new Disaster Plan was formulated to accommodate major changes to the physical structure and service delivery model.

HOSPITAL MENTAL HEALTH SERVICES

Hospital Mental Health Services is responsible for planning and assisting with the operation of the two mental health hospitals, 14 psychiatric inpatient and outpatient programs in general hospitals, and specialized psychiatric programs in other hospitals. This includes responsibility for the forensic assessment and treatment programs in Calgary and Edmonton. Consultants work with hospitals and community programs to encourage the two groups to collaborate on projects and program development.

Highlights

- Completion of the Education Complex and 80-bed Brain Injury Unit at Alberta Hospital Ponoka.
- Continued planning for the Psychiatric Rehabilitation Centre to be built at the General Hospital in Calgary.
- Review of the functional plan for re-development at Alberta Hospital Edmonton.
- Establishment of the institutional referral and support teams for psychogeriatrics in Red Deer, St. Paul, Grande Prairie, Edmonton, and Medicine Hat was a collaborative effort between the Division and Long Term Care Branch of Alberta Health.
- The Mental Health Division provided funding to the Calgary General Hospital for a young offender outpatient assessment and treatment program.

Mental Health Review Panels

The Mental Health Review Panels ensure that the rights of formal (involuntary) patients are protected, and hear cases related to treatment decisions; determination of competence to make treatment decisions; automatic six month reviews; and reviews of admission and renewal certificates. The Mental Health Review Panels heard a total of 561 applications.

FINANCE AND ADMINISTRATION BRANCH

Finance and Administration Branch is responsible for providing financial and administrative support to the Division.

RESEARCH POLICY AND PLANNING BRANCH

The Branch initiates, supports and funds research activities in Alberta. It is also responsible for coordinating Divisional policy and planning activities and operating the Mental Health Promotion Program.

RESEARCH

Mental Health Research Unit

The Division's research staff concentrate primarily on projects arising from service delivery and planning issues. Their focus is on the four priority groups (chronically mentally ill persons, children and adolescents, elderly, rural Albertans) as well as the prevention of mental disorders and the promotion of mental health.

During the 1990/91 fiscal year, seven new projects were approved by the Research and Ethics Committee.

Alberta Mental Health Research Fund

The Alberta Mental Health Research Committee awards grants to researchers at Alberta's universities and health care institutions investigating various aspects of mental illness and mental health. As well, the committee awards scholarships to graduate students in disciplines associated with mental health.

The breakdown for the 1990/91 fiscal year was as follows: University of Alberta — 17 research projects approved and funded; University of Calgary — 11; Alberta Children's Hospital — 2; Edmonton General Hospital — 1; Alberta Hospital Edmonton — 1.

MENTAL HEALTH PROMOTION PROGRAM

Mental Health Division staff in the Care Centres and the Regions direct their efforts towards the promotion of greater understanding of mentally ill and disabled persons; the promotion of positive mental health attitudes and pursuits; and the collaboration with interest groups that will involve or reach the public on mental health issues.

Public Health Division

The Public Health Division directs, coordinates and integrates activity in seven major areas: Alberta Aids to Daily Living; Communicable Disease Control and Epidemiology; Provincial AIDS Program; Environmental Health Services; Family Health Services; Health Promotion; and Home Care/Community Long Term Care. Most programs are provided through Alberta's 27 autonomous health units.

ALBERTA AIDS TO DAILY LIVING (AADL)

The AADL Program enhances the independence of Albertans living at home who have a chronic or terminal illness or disability by assisting with the provision of program approved medical equipment and supplies.

The AADL Branch is responsible for the quality assurance of funded benefits, the training and appointing of authorizers, the provision of professional health care consultation to clients and authorizers, the monitoring of vendors, and the negotiation of prices and contracts for benefits provided.

Authorizers determine client eligibility and assess their needs for benefits available through the program. The benefits authorized for the client are available from private businesses located in Alberta communities. On March 31, 1991, there were approximately 1,700 authorizers and 800 vendors in the province.

Categories of benefits provided include:

- bathroom equipment
- walking aids
- environmental aids
- soft support garments
- hearing aids
- prosthetic/orthotics/footwear
- medical/surgical supplies
- respiratory equipment, oxygen
- wheelchairs (manual and power)
- wheelchair cushions
- mastectomy prostheses
- children's positioning aids

Highlights

- 20,348 Albertans (under the age of 65) received benefits from the AADL Program in 1990/91.
- 66,645 Albertans (aged 65 years and over) received benefits in 1990/91.
- Program review and planning was a priority following release of the "Action Plan" by the Premiers Council on the Status of Persons with Disabilities. Issues of greatest concern were:
  - the policy on eligibility to ensure equitable access to all Albertans. Current restrictions were based on age and diagnosis.
  - the equitability of cost sharing. A discrepancy exists between those under 65 who do cost share and those over 65 years of age who don't cost share.

COMMUNICABLE DISEASE CONTROL AND EPIDEMIOLOGY

This branch is responsible for monitoring communicable and selected non-communicable diseases or conditions. It assists in the development of preventive strategies and provides direct diagnostic treatment and follow-up services in tuberculosis and sexually transmitted diseases.

Support is also given to HIV/AIDS community agencies and schools through the sharing of educational resources, research and evaluation information and community support teams.

Information collected by Communicable Disease Control becomes part of the national surveillance data base at the Laboratory Centre for Disease Control in Ottawa. Selected data are also forwarded from the national data base to the World Health Organization (WHO) as part of its global surveillance and disease control program.

The Branch has five units or program areas: the Communicable Disease Surveillance Unit (CDSU), Chronic Disease Epidemiology (CDE), the Provincial AIDS Program (AIDS), Sexually Transmitted Disease (STD) Control and Tuberculosis Services (TBS).

Because communicable disease data are collected by international convention on a calendar year basis, the Branch report is primarily for the calendar year 1990 rather than the fiscal year 1990/91. Statistics and commentary for the first 3 months of 1991 will be included in the annual report for 1991/92.

Highlights

- Chickenpox was once again the most common notifiable disease with 14,859 cases reported.

- The largest number of cases of pertussis (whooping cough) 5,137, ever recorded in Alberta was reported.
- There were 72 deaths due to notifiable disease; 47 due to AIDS. The incidence of AIDS levelled off in 1990 after seven years of steady increase.
- Measles incidence was the lowest ever recorded.
- An increase in the incidence of tuberculosis was observed following a general downward trend over the past decade.
- A large outbreak of tuberculosis was identified in elk with significant implications for human contacts.
- The toll-free AIDS telephone information line was expanded to include information on other sexually transmitted diseases.
- A continued decline in the incidence of gonorrhoea was observed; chlamydial infections continue to be the most frequently reported STD.

Communicable Disease Surveillance Unit

This unit is responsible for monitoring and control of all communicable diseases with the exception of STD's, Tuberculosis and AIDS. The Unit receives information from health units, physicians, hospitals and laboratories, and ensures appropriate prevention and control activities are initiated. Surveillance is also maintained for non-notifiable diseases of particular concern (e.g. lyme disease and influenza).

Unit staff provide consultation, advice and direction regarding communicable diseases to health units, hospitals, other health care facilities, physicians and other health professionals, other government departments, other jurisdictions and members of the public. Information on trends and new control measures is provided to all of these to assist in diagnosis, management and prevention of infectious diseases in the community. Approximately 750,000 doses of vaccine (excluding influenza vaccine) are distributed free of charge by the Unit each year.

A surveillance system to monitor adverse reactions associated with immunization continued in 1990. This is the only systematic, population-based surveillance program in North America and contributes over one-half of all such information collected in Canada.

Although infectious diseases are no longer the principal cause of death in Alberta, influenza and pneumonia remain among the top seven causes of death in Alberta with 534 deaths in 1990. Meningitis and invasive disease* accounted for 11 deaths (three due to *H. influenzae*, three due to pneumococcus, two due to meningococcus and three to "other bacterial" meningitis). There were two deaths due to congenital herpes simplex. There was one death reported as a result of non-A, non-B hepatitis. There was one death due to pertussis. One person died as a result of foodborne infection (clostridium perfringens). There were five deaths due to Creutzfeld-Jakob Disease (an infectious, presumably viral, degenerative neurologic disease) and one fatal case of viral encephalitis. There were two deaths due to hemolytic uremic syndrome and the first congenital rubella death in several years.

* Disease which invades the blood stream.

Commentary on Selected Diseases in 1990

Table 1 summarizes the incidence of selected notifiable diseases reported in 1990 with a comparison to the previous five years. There were a total of 25,566 reports of notifiable diseases (excluding STD's, tuberculosis and AIDS). More detailed information is available from the Branch's annual reports.

Influenza Surveillance

Influenza is not a notifiable disease since most cases do not see a doctor and there is no means of ensuring an accurate case count or ensuring that a representative sample is reported.

However, surveillance allows monitoring of the impact of the disease and serves as the basis for developing recommendations for influenza vaccination of high risk groups.

In 1990 approximately 200,000 doses of vaccine were distributed free of charge through health units, doctors' offices and health care facilities.

Chickenpox (Varicella)

Chickenpox was the most commonly reported notifiable disease in 1990 with 14,859 cases, an increase of about 25 per cent over 1989. In 1990, there were no deaths due to chickenpox. However, there were three reports of varicella encephalitis (brain infection).

Table 1
Selected Notifiable Diseases: Alberta 1985-90

	1985	1986	1987	1988	1989	1990
AIDS	13	22	41	43	89	83
Amebiasis	110	114	113	143	133	145
Campylobacter infection	601	871	885	872	965	992
Chicken pox	NR	14,221	18,930	11,432	11,849	14,859
Diphtheria — cases	0	1	0	0	1	0
E. coli colitis (hemorrhagic)	105	180	358	296	388	247
Giardiasis	1,509	1,610	1,531	1,486	1,405	1,480
Haemophilus infection	113	145	142	105	76	81
Hepatitis A	421	310	143	210	242	298
Hepatitis B	176	194	181	140	123	106
HUS	6	15	19	22	19	16
Leprosy	1	4	3	0	1	2
Malaria	53	41	55	24	20	32
Measles (Rubeola)	78	811	740	91	19	15
Meningitis, other bacterial	31	46	33	36	44	36
Meningitis, viral/aseptic	39	25	38	52	122	80
Meningococcal infection	21	21	31	30	29	37
Mumps	181	233	252	151	129	121
Pertussis	56	184	172	149	662	5,137
Poliomyelitis, paralytic	0	0	0	0	0	0
Rubella (German Measles)	436	1,156	388	211	327	71
Salmonella infections	732	757	951	960	996	869
Shigellosis	193	148	208	264	161	127
Toxic Shock Syndrome	2	4	5	3	5	1
Tuberculosis	178	209	205	176	133	156
Typhoid & Paratyphoid Fever	9	6	13	11	7	11

Pertussis

The second most commonly reported disease (excluding STD's) in 1990 was pertussis (whooping cough) with 5,137 cases reported. [This was the largest number of cases and the fifth highest rate (208 per 100,000 population) ever recorded.] There was one death in an unimmunized infant.

Enteric Infections

After chickenpox and pertussis, enteric (bowel) infections constitute the next largest group of infections. These diseases are contracted by consuming untreated drinking water, unpasteurized milk, contaminated food, raw eggs and person-to-person contact. This group is made up of parasitic infections, bacterial infections and viral infections. There were 4,514 enteric infections reported including: Giardiasis, 1,480 cases; campylobacter, 992 cases; salmonellosis, 869 cases; and shigellosis, 127 cases.

Enterohemorrhagic E. coli and Hemolytic Uremic Syndrome

These infections have been of particular interest in Alberta because the province has one of the highest rates of *sporadic* cases anywhere in the world. These infections are generally reported in clusters, but cases reported in Alberta are often unrelated. In 1990, 247 cases were reported.

E. coli is a self-limiting disease, resolving without treatment in four to seven days. In the very young and elderly, however, infection can be fatal. As well, particularly in children (but occurring at any age), the toxin can produce systemic effects including hemolytic uremic syndrome (HUS) — a condition in which kidney failure and severe anemia occur.

Measles (Rubeola)

In 1990, 15 cases were reported, the smallest number on record.

A case of subacute sclerosing panencephalitis was reported in a teenager. This invariably fatal neurologic disease is a late complication of measles infection occurring many years after the initial infection.

Invasive Haemophilus Influenzae type b (Hib)

In 1990, there were 81 cases of Hib infection reported, a slight increase compared to 1989 (76 cases). Hib infections accounted for more bacterial meningitis than all other causes combined. In 1990, 45 cases were in males and 36 in females. There were three deaths due to Hib; all in infants who were not old enough to receive vaccine.

Other Vaccine-Preventable Diseases

No cases of diphtheria were seen in 1990 and no case of tetanus has been seen in Alberta since 1978. No cases of polio have occurred in Alberta since 1979.

Mumps infections declined to 121 cases, with no serious complications reported.

Rubella incidence was the lowest ever recorded with only 71 cases. There was one case of congenital rubella reported where the infant was born in 1989 but the diagnosis was not confirmed until 1990. As well, another baby who was born in 1989 with congenital rubella died in 1990.

Other Diseases

There were two deaths due to congenital herpes infection.

Infections of the central nervous system, other than Hib, were reported in 164 cases. Of these, 91 were presumably viral encephalitis or meningitis, 37 were meningococcal infections, 17 were pneumococcal and 19 were caused by a variety of other bacteria.

The incidence of *hepatitis A* was almost 25 per cent higher than in 1989 (298 vs 242). *Hepatitis B* incidence fell to its lowest level since 1981 with 106 cases reported. In Alberta, hepatitis B continues to be primarily a disease of adults with only four cases reported under 15 years of age and only one under 10.

The prenatal hepatitis B screening program continues to screen almost all pregnant women in Alberta and identifies about 200 infants each year who require protection against hepatitis B.

Rare and imported diseases reported in 1990 included 32 cases of malaria (an increase from the 20 seen in 1989). There were 11 cases of enteric fever (typhoid or paratyphoid) and two cases of leprosy. There were also 22 cases of psittacosis, 10 cases of legionnaire's disease, five of Kawasaki disease, four cases of listeriosis and one each of brucellosis, Q fever, rickettsial fever and toxic shock syndrome.

SEXUALLY TRANSMITTED DISEASE CONTROL

Sexually Transmitted Disease Control provides a comprehensive program for the control of sexually transmitted disease in Alberta. Diagnostic and treatment services are provided through clinics in Calgary and Edmonton, as well as a clinic in Fort McMurray which operates under the auspices of the health unit serving that city and surrounding area. 22,484 clients were seen, a four per cent decrease from the previous year.

Dissemination of STD information to both public and professional audiences is carried out by the Education Unit, including responsibility for the STD Information and tollfree AIDS Information Lines. STD Control also provides consultation to physicians and epidemiologic services that include contact tracing for STD, including HIV infections.

The list of notifiable STD includes nongonococcal urethritis/mucopurulent cervicitis (NGU/MPC), Chlamydia trachomatis, Neisseria gonorrhoeae, syphilis, chancroid and Lymphogranuloma venereum.

The most frequently reported infection during 1990 was *Chlamydia trachomatis* with an incidence of 300 per 100,000 population. This was followed by NGU/MPC with a rate of 149/100,000. The incidence of both gonorrhoea and syphilis continues to decline dramatically with the lowest rates on record. However, gonococcal resistance increased to 9.2 per cent from 3.3 per cent.

The presence of STD in prepubertal children is considered an indicator of child sexual abuse until proven otherwise. In 1990, there were 20 reported cases of STD in children age one to nine years, a 26 per cent decrease over the previous year.

Highlights

- The Education Unit provided a total of 763 sessions reaching 17,290 people. This represents a 19 per cent increase over the previous year.
- In November, 1990, the tollfree AIDS line was expanded to become an AIDS/STD information line. The calls for the year averaged 1,549 per month, ranging from 946 to 2,284.

THE PROVINCIAL AIDS PROGRAM

The AIDS Program exists to limit or eliminate the spread of HIV infection/AIDS (primarily through direct and indirect educational activities), to monitor the spread of the infection, and to ensure that care and support for people with HIV infection/AIDS are available in institutional and community settings. The AIDS Program also supports the efforts of local health and education agencies and community AIDS organizations with grants and other resources.

Highlights

- Two-year pilot projects began in Edmonton and Calgary for the prevention of HIV transmission among and from injection drug users. These programs include education, referral for treatment, and provision of condoms and syringe and needle exchange as necessary.
- Phase II of a multimedia campaign (FACING AIDS) designed to educate and heighten public awareness, ran from March through May 1991.
- In cooperation with Alberta Education, an AIDS Resource Kit was developed and provided to elementary schools, community AIDS organizations, health units and libraries. The kit contains resources to assist teachers, health professionals and parents to give age-appropriate HIV/AIDS information to elementary school children.
- "AIDS: Why Do I Care?" was the theme for junior and senior high school students' exhibits which focused on their caring about themselves, their friends, and those who have HIV/AIDS.
- A benchmark research study took place on HIV/AIDS Education in schools to determine what instructional strategies are most effective; and to assess specific print resources provided.
- The Community Support Team worked with Alberta communities in two primary areas: community development and provision of advanced HIV/AIDS education for professionals and experienced volunteers. Workshops focused on attitudes and values, caregiver concerns and fears, lifestyle issues, and counselling and psychosocial issues confronting those affected by HIV/AIDS.
- After consultation with many stakeholders, a Task Force of the Meeting of Directors of health units documented the complex role of health units in regard to HIV/AIDS.

A total of 83 cases of AIDS were reported in 1990. A total of 69 are known to have had onset of the disease during this year. These figures compare to 89 cases reported and 83 cases with onset in 1989. Homosexuality remains the most commonly reported behavioral risk (88 per cent of cases reported in 1990). Four cases cited injection drug use as their only risk behaviour and three cases were believed to have been acquired heterosexually. Three individuals, who received blood transfusions before routine screening of donors also developed AIDS. There were no new female cases.

The age distribution of cases is shown below:

Age Groups	Number
15-24	3
25-34	32
35-44	26
45-54	17
55-64	5

The cumulative total of AIDS cases in the province stood at 303 by the end of 1990, of whom 170 persons (55 per cent) were known to have died. Alberta remains fourth among the provinces in total cases and in the cumulative rate (approximately 123 per million population).

TUBERCULOSIS SERVICES

Tuberculosis Services (TBS), Alberta Health, is responsible for the control of tuberculosis in the province. The activities depend on cooperative interaction with health units and health centres and medical practitioners in the province. TBS activity focuses on:

- identifying new cases and confirming drug treatment;
- recommending follow-up and prophylaxis of contacts of clients in order to prevent new tuberculosis; and
- supervising surveillance programs for high risk groups in order to identify new cases early and, where possible, prevent tuberculosis.

For the first time in 30 years, tuberculosis rates were up in Alberta. The 1990 rate was 6.4 per 100,000 population. The rate in Treaty Indians in 1990 was up to 40 per 100,000 population compared with 35 per 100,000 in 1989.

A program to prevent tuberculosis, sponsored jointly by TBS and the Alberta Lung Association (ALA) is in its second year of operation. The study is intended to examine feasibility, compliance and protection achieved with twice weekly observed therapy compared with the standard self-administered therapy.

A contractual relationship with Federal Medical Services Branch, Health and Welfare Canada, was developed in 1988 and provides cooperative tuberculosis control programs for federal Indian Health Centres.

Tuberculosis Services continues to strive towards the goal of elimination (less than one per million population) by the year 2010.

ENVIRONMENTAL HEALTH SERVICES

The Environmental Health Services Branch works closely with health units, other government departments, provincial agencies and boards to address environmental conditions (physical, chemical or biological) which may adversely affect the health of Albertans.

In addition to the mandatory functions under The Public Health Act and Regulations, the branch deals with a wide variety of new and emerging issues related to environmental health. These include health risk assessment, drinking water safety, waste management, food safety, airborne toxics, biomedical waste, toxic chemicals and land use zoning and siting issues.

Highlights

- Phase I of the Environmental Health Strategic Plan resulted in a final report on strategic options for strengthening the programs in Alberta. The report suggests a stronger role for the Minister of Health and local health units, as well as a renewed sense of partnership between Alberta Health and other provincial departments, agencies and boards. It calls for the development of an interdisciplinary nucleus of expertise within Alberta Health, in addition to improvements in manpower, education and research.
- In cooperation with the local board of health, Environmental Health Services responded to local concerns regarding the disposal of petro-chemically contaminated soils.
- With the cooperation of the local board of health, a series of indoor air quality studies were conducted regarding possible adverse health effects from air emissions.
- The Food Sanitation Education Program, gained wide acceptance by health units, food establishment personnel and technical training centres throughout Alberta. The training focuses on the principles of food sanitation and hygiene.
- In November 1990, a microbiology workshop was held in conjunction with the Alberta Chapter of the Canadian Institute of Public Health Inspectors.
- Legislative initiatives included an amendment to the Food Regulation addressing secondary meat processing, and public review of a proposed amendment to the Waste Management Regulation dealing specifically with biomedical waste.

FAMILY HEALTH SERVICES

Community Health Nursing

Over 800 Community Health Nurses work with Albertans to provide health services ranging from prenatal counselling to bereavement support, encouraging health promotion and disease prevention, and screening for potential health problems. Community health nurses visit homes, contact new mothers and infants, provide health education and counselling to expectant and new parents, school children, adults and seniors, and provide communicable disease prevention and control.

Highlights

- The Alberta Heart Health Survey, a joint project of Health and Welfare Canada and Alberta Health, was carried out in 1990. Thirty-six nurses from 13 health units in Alberta collected the data from over 2,200 Albertans. The survey was conducted to estimate the level and awareness of risk factors for cardiovascular disease in Alberta for the 18-74 year old group. An 82 per cent response rate was achieved.
- The document *Injury Prevention Program Options For Children And Seniors* was completed in February 1991.
- The client-based computer program, Community Health Immunization and Nursing Activity System (CHINAS) pilot testing nears completion. Automation of immunization records will help health units achieve the high immunization coverage rates necessary to keep infectious diseases under control.

- Three health units (Chinook, South Peace and Edmonton Board of Health) continue Seniors' Wellness Demonstration Projects.
- NOBODY'S PERFECT, a joint Federal/Provincial educational program designed to improve parents' abilities to maintain and promote the health of their zero to five year old children, continued.
- Planning is underway for the development of the Postpartum Parent Support Program in three Alberta regions. The program involves teams of trained acute care and community health nurses providing information and counselling to postpartum families on an individual basis.
- Alberta Health sponsored PROSPECTION '90, an annual workshop which promotes information sharing, networking and staff development for senior community health nursing managers in health units. The theme "On the Rainbow Road" highlighted the changing nature of the health system and allowed discussion of personal and professional strategies to deal with the transition.

Screen Test

Alberta Program for the Early Detection of Breast Cancer opened dedicated sites in Edmonton and Calgary in October 1990. Several regional centres and an outreach program will be added to improve access for Alberta women in the future. Eligible Alberta women aged 50-69 are able to take part in the screening program whose goal is to reduce deaths due to breast cancer by 30 per cent within 15 years of full implementation of the program. Funded by Alberta Health, the program is run by the Alberta Cancer Board.

Alberta Hereditary Diseases Program

The Alberta Hereditary Diseases Program provides Albertans with assessment, consultation, referral, education and treatment for hereditary conditions and diseases. Research, data collection, professional education and consultation are also important aspects of the program.

The Program consists of two Regional Genetics Centres in Edmonton and Calgary and outreach genetics services provided by over 20 outreach genetics nurses in health units across the province.

The responsibility for the Alberta Hereditary Diseases Program is shared by Hospital Services Division, which funds the two regional centres and Public Health Division, which funds the outreach services provided by health units.

Highlights

- A review of the Alberta Hereditary Diseases Program by Alberta Health began in November 1990. The review will examine the mandate, organization, services and management and make recommendations.

Community Health Nutrition

Community health nutrition programs promote healthy food choices through education, consultation, coordination and support for public policy development. Twenty community nutritionists provide service to 18 of the 27 health units. Two provincial nutritionists provide consultation to health units without nutritionists.

Highlights

- An intersectoral meeting was held to discuss the recommendations in the Health and Welfare Canada document, "Action Towards Healthy Eating".
- A task committee was formed by the Meeting of Directors of Alberta health units to address future directions for community health nutrition programs in Alberta.
- Planning was initiated for a community-based program to address the results of the Alberta Heart Health Survey.
- Discussions regarding a provincial nutrition survey were initiated with stakeholder groups.

Dental Health Services

Dental Health Services monitors the state of oral health and develops and supports dental programs and services which will help achieve, maintain and/or restore the dental health of Albertans.

Dental staff provide various services which may include preventive and treatment services, dental inspections or screening, dental health education, dental health promotion, and fluoride programs. These programs are carried out through health units, mobile dental clinics and by dentists flying in to remote communities.

Highlights

- Dental treatment was provided to nearly 25,000 Albertans in 24 communities through the Mobile Clinics and Visiting Dentist Programs.
- The Branch opened a dental clinic in Fox Creek as part of the Visiting Dentist Program.
- A total of 3,574 patient visits were funded for cleft palate patients.
- The Task Group Report on Dental Public Health Services was adopted.
- Discussions were held with the University of Alberta and Advanced Education regarding an increase in the enrolment of dental hygiene students at the University of Alberta from 40 to 50 students.
- Dental Health Services sponsored a conference on "Dental Perspectives for the Next Decade" which was available to dental personnel in health units and private practice.
- Bill 44, The Dental Disciplines Act which provides for the registration and discipline of dental technicians, dental hygienists and dental associations, was proclaimed.

Sexual Health Program

The purpose of the Sexual Health Program is to coordinate the provision of sexual health services to improve the sexual well being of all Albertans. The scope of the Sexual Health Program is wide and includes such issues as the promotion of healthy, responsible sexual attitudes and behaviour; the provision of comprehensive contraceptive information; the promotion of optimal birth outcomes; the preservation of reproductive potential; the prevention of unplanned pregnancies; the provision of information regarding new reproductive technologies and the reduction of sexually transmitted disease, including HIV infection and pelvic inflammatory disease.

Highlights

- Completion and distribution of a report entitled "Survey Results: Recommendations for Human Sexuality Education Training of Professionals". This document reviews the perceived need for, and support for, the preservice training, inservice training and continuing education of professionals working in the area of sexual health.
- A Meeting of a Directors' Task Group on Sexual Health was initiated early in 1991. This group is conducting an implementation review, and will then establish the parameters for the evaluation of the Sexual Health Program.

Early Intervention Program

Early Intervention is a home-based support program for families of developmentally delayed children who are between birth and three and one-half years of age. The delay may be apparent in some or all areas of the child's development, including motor, language, self-help, sensory, cognitive, or social abilities.

The purpose of the program is to enhance the ability of the child to reach his/her full potential through enriching and stimulating activities, and to enhance the quality of family life through the provision of support to the parents.

There are 17 programs in operation throughout the province, serving approximately 650 families.

Highlights

- A 30-part video series Stepping Stones: Pathways for Early Development was purchased and made available for loan.

Speech-Language Pathology and Audiology

1990/91 saw the ongoing development of the health unit Speech-Language Pathology Programs. A strong emphasis remains on service to school-age children but programs are also being offered to the preschool and adult populations.

In Spring 1989, approximately 3,500 children were being seen for speech-language pathology services — in October 1990, more than 13,000 school-aged children were receiving speech-language pathology services through health units.

Highlights

- Funding was allocated for eight new positions in health units.
- The University of Alberta Masters program was approved to start in 1992. Alberta Health, Alberta Advanced Education and the University of Alberta have subsequently reached an agreement in principle for an upgraded Masters degree for clinicians presently working in Alberta, although funding has not yet been secured.

- Program Regulations to be incorporated under the Public Health Act have been drafted, and pending approval, will be sent for public review.
- A provincial workshop was held in Edmonton in June 1990, with all sessions specifically geared to the needs of health unit speech-language pathologists.

HEALTH PROMOTION

This program aims to enable individuals and communities to identify and meet their own needs. Health Promotion identifies key health issues which can utilize a health promotion approach and assists health units and other community agencies to support Albertans in developing healthier lifestyles.

Highlights:

- Provided consultation and leadership on priority health promotion issues including tobacco use reduction, healthy communities, heart health, and workplace health.
- Continued to participate on the federal/ provincial steering committee of the National Strategy to Reduce Tobacco Use.
- Participated on the Alberta Heart Health Working Group to develop a Heart Health strategy for Alberta.
- Coordinated Alberta Health's contribution to the 1990 National Health Promotion Survey.
- Coordinated with major stakeholders the completion of a program planning report for key target groups.
- In co-operation with Family Health Services, coordinated the Alberta delegation the national school health forum Exchange '90 and the follow-up Alberta workshop.

HOME CARE/COMMUNITY LONG TERM CARE

Through the Home Care program, health units provide health and support services to help people remain independent in their homes. Although 90 per cent of clients are senior citizens, the program also serves individuals with acute care and palliative care needs. Demand for home care is rising, and the caseload has increased by approximately 17 per cent in the last year. Principal statistics for the year were as follows:

Program Statistics for 1990/91

Total number of clients served during the year	23,500
Average Monthly Caseload	20,050
Nursing direct client hours	449,000
Home Support direct client hours	761,000
Personal care direct client hours	341,000
Rehabilitation therapy direct client hours	29,000
Social Work direct client hours	5,800

***Note:* Statistics are based upon adjusted compilation of health unit reports.**

Highlights

- **Single Point of Entry (SPE)** — In April, 1990 the Department announced the allocation of $1.5 million to the Home Care Program for the Single Point of Entry initiative. These funds were made available to facilitate the orderly development and province-wide implementation of single point of entry. The purpose of SPE is to allow easier access to long term care services for all Albertans.
- **Home Care Information System (HCIS)** — A plan to renew the HCIS to address critical operational issues to improve the system was developed. A final version of the HCIS is expected in all health units by the Fall of 1991.
- **Adult Day Programs** — The Adult Day Support Demonstration Project was jointly developed by Home Care and the Long Term Care Branch.

  The demonstration projects will be evaluated over the next two years for the purpose of making recommendations on the role of day programs in Alberta's long term care system.
- **Broadening Home Care's Mandate** — Program changes to broaden Home Care's role in providing health and support services to persons with disabilities were approved.

Job Enhancement Advisory Committee

This Committee advises the Minister of Health on initiatives in Alberta hospitals and nursing homes, community health units, and mental health agencies to promote the retention and job satisfaction of nursing personnel, and consults on any other nursing-related issues referred by the Minister.

The Committee includes representatives of the Alberta Association of Registered Nurses, Alberta Long Term Care Association, College of Physicians and Surgeons, Alberta health units, Council of Teaching Hospitals of Alberta, Alberta Healthcare Association, Rural Health Care Association of Alberta, Professional Council of Licensed Practical Nurses and Registered Psychiatric Nurses Association.

Job Enhancement Fund

The Fund consists of $8 million ($2 million for each of 4 years), which is available to support job enhancement projects on a cost-shared basis. The Job Enhancement Advisory Committee develops a "Call for Proposals" on an annual basis, receives and reviews all proposals, and makes recommendations to the Minister of Health for funding. To date 145 projects have been funded.

Provincial Nursing Action Plan (PNAP)

The PNAP is a three-year project comprised a voluntary coalition of 16 organizations to develop an action plan which identifies short and long-term priorities in the areas of personnel planning, education and worklife.

Nursing Component of MIS

This initiative involves developing the nursing data component of a Canada-wide system which will provide hospitals with a system to record, report and measure statistical, financial and clinical data more effectively.

Hospital Budget Funds

A total of $4.5 million per year was earmarked in the global budgets of acute care hospitals for continuing education and job enhancement activities for nurses and other staff.

Staffing Adjustment for Nursing Personnel

A total of $2.5 million per year was allocated to provide relief staffing for nurses to attend educational and professional development activities.

Infection Prevention and Control

Funds have been allocated to address infection control issues in acute care, long term care and community-based health care facilities. An advisory committee has been formed to examine needlestick injuries.

Increased Educational Opportunities

Funding was provided to increase the educational opportunities available to nurses. This included:

- expanded opportunities for post-basic specialty training, including critical care nursing and gerontological/long term care nursing;
- increased spaces in post-basic baccalaureate programs;
- providing funding for clinical practicums in intensive care and emergency units to provide educational opportunities for critical care nurses; and
- providing funding to support the integration of diploma and degree-level nursing education.

Planning for the Future in the Areas of Mental Health/Psychiatry

Alberta Health has consulted with various groups across the province in order to identify future services needs and educational needs for Registered Psychiatric Nurses and Registered Nurses in the mental health field. The views expressed have formed the basis for a plan to ensure adequate preparation and advancement for LPNs, RPNs and RNs to meet the future requirements. Alberta Health and Advanced Education will be working with stakeholders to further examine the issues.

Increasing Nurses' Involvement in Hospital Decision-Making

Eight provincial hospitals have appointed a nurse to sit as a full voting member of the governing board. The Provincial Nursing Consultant is consulting with nurses and hospitals throughout Alberta to determine how the role of nurses in hospital decision-making processes could be increased.

Highlights

- Community Based Nursing Worklife Study — A study is currently being undertaken with various stakeholders on the worklife concerns of nurses working in community settings.
- The first Ph.D. nursing program in Canada began in January 1991 at the University of Alberta. This program will contribute to advancing nursing research, education and practice in Alberta.

Legislation and Regulation Changes

LEGISLATION — STATUTORY CHANGES

Alberta Health Care Insurance Act

Amended so that the Minister may have regard to recommendations of the Council of the College of Physical Therapists of Alberta when reassessing claims and in disciplinary proceedings in relevant cases; and to allow the Minister to disclose information on health services provided by a physical therapist to his College. Proclaimed in force on May 14, 1990.

Amended to allow the Minister to disclose information on health services provided to a director under the Child Welfare Act, an officer of the Unit or the Director of Medical Services (as appointed under the Occupational Health and Safety Act) — Miscellaneous Statutes Amendment Act, 1990 — Assented to July 5, 1990.

Alcohol and Drug Abuse Act

Amended to identify AADAC as a Crown agency and also changed the title of the agency head. Assented to July 5, 1990. (1990, Ch. 8)

Change of Name Act

Clarifies the right to apply for a name change for a child, by a widowed person, or in the case of an annulled marriage, or by a custodial parent of a child born out of wedlock. Assented to May 14, 1990. (1990, Ch. 15)

Dental Profession Act

Amended to remove references to dental hygienists, dental assistants and dental technicians from the Act. Consequential amendment of the Dental Disciplines Act (Ch. D-8.5, 1990) which provides self-governance for dental hygienists, dental assistants and dental technicians. Received Royal Assent July 5, 1990 — In force upon proclamation: November 1, 1990.

Marriage Act

Amended to remove authority for Indian agents in Alberta to issue marriage licences for Indians under their jurisdiction. Consequential amendment of Metis Settlements Act, Ch. M-14.3, 1990. Assented to July 5, 1990. In force upon proclamation: November 1, 1990.

Mental Health Act

Amended to correct a cross-referencing error in section 41(2)(b). Miscellaneous Statutes Amendment Act, 1990, (Ch. 29, 1990). Assented to July 5, 1990.

Nursing Profession Act

Amended to exclude the administration of a drug or medicine from the definition of "exclusive nursing practice". (Professional Statutes Amendment Act, 1990, Ch. 33). Assented to July 5, 1990.

Nursing Service Act

Amended to reflect the development of the Metis local government in Alberta by recognizing the establishment of the Metis general council. (Consequential amendment of Metis Settlements Act, Ch. M-14.3, 1990. Assented to July 5, 1990. In force upon proclamation: November 1, 1990.)

Physical Therapy Act

Amended so that no one except a physical therapist may use the name "physical therapy" or "physiotherapy" to refer to this profession or business. (Professional Statutes Amendment Act, 1990, Ch. 33) Assented to July 5, 1990.

Public Health Act

Amended to clarify provisions regarding the use of non-beverage alcohols and to increase penalties. Consequential amendment of Liquor Control Amendment Act, 1990. Proclaimed in force on April 1, 1991.

Amended to reflect the development of the Metis local government in Alberta by recognizing the establishment of the general council. (Consequential amendment of Metis Settlements Act — Received Royal Assent July 5, 1990. In force upon proclamation: November 1, 1990)

Radiological Technicians Act

Changes reference from "a dental auxiliary" to "a registered dental assistant". Consequential amendment of Dental Disciplines Act, Ch. D-8.5, 1990. Assented to July 5, 1990. In force upon proclamation: November 1, 1990.

Repealed by Radiation Protection Act — Effective January 1, 1991.

Vital Statistics Act

Amended to change reference from "Maintenance and Recovery Act" to "the Parentage and Maintenance Act". (Consequential amendment of Parentage and Maintenance Act, Ch. P-0.7, 1990, Royal Assent July 5, 1990. Proclaimed in force January 1, 1991.)

LEGISLATION — REGULATORY CHANGES

Alberta Aids to Daily Living and Extended Health Benefits Regulation (A.R. 236/85)

Amended to provide a time limit for the submission of AADL claims. Effective August 8, 1990. (A.R. 233/90)

Alberta Hospitalization Benefits Regulation (A.R. 355/73)

Amended to reflect increases in preferred accommodation rates in general hospitals; designates 50 per cent of the increase of revenues from preferred accommodation charges as offset revenue and designates the remaining 50 per cent as discretionary revenue; designates 60 per cent of the hospital's rated bed capacity as standard ward accommodation for the purposes of levying preferred accommodation charges; increases the accommodation charge for long term care beds in general and auxiliary hospitals and removes the 60 day exemption period for long term care charges in auxiliary hospitals. Effective July 1, 1990. (A.R. 103/90)

Alberta Health Care Insurance Regulation (A.R. 216/81)

Amended so that physicians receiving sessional payments and those who provide services in clinics are eligible to participate in the programs (Continuing Medical Education Program; Disability Insurance Program) on the same basis as physicians paid on a fee-for-service basis. Effective April 5, 1990. (A.R. 81/90)

By-laws of the College of Physicians and Surgeons of Alberta Regulation (A.R. 23/88)

Amended to clarify provisions regarding advertising, honorary membership and recognized specialties. Effective November 9, 1990. (A.R. 336/90)

Change of Name Regulation (A.R. 115/86)

Amended to increase the cost of applications for change of name and cost of certificates. Effective April 9, 1990. (A.R. 87/90)

Chiropractic Benefits Regulation (A.R. 23/83)

Amended to increase benefits payable to chiropractic practitioners, for a visit and x-rays. Effective July 1, 1990. (A.R. 206/90)

Claims for Benefits Regulation (A.R. 204/81)

Amended to reduce the time for claims submissions for all practitioners in Alberta from 365 days to 180 days. Effective August 1, 1990. (A.R. 210/90)

Dental Benefits Regulation (A.R. 314/86)

Amended to increase benefits payable to dentists. Effective August 1, 1990. (A.R. 216/90)

Extended Health Services by Dental Mechanics Benefits Regulation (A.R. 259/85)

Amended to increase benefits payable to dental mechanics. Effective October 1, 1990. (A.R. 8/91)

Extended Health Benefits Payable to Dental Surgeons Regulation (A.R. 25/83)

Amended to increase extended health benefits payable to dental surgeons and add two new fee codes. Effective August 1, 1990 except for two new fee codes which are effective September 1, 1990. (A.R. 217/90)

Extended Health Benefits Payable to Ophthalmic Dispensers Regulation (A.R. 109/86)

Amended to increase benefits payable to ophthalmic dispensers. Effective August 1, 1990. (A.R. 219/90)

Extended Health Benefits Payable to Optometrists Regulation (A.R. 110/86)

Amended to increase benefits payable to optometrists. Effective August 1, 1990. (A.R. 218/90)

General Regulation (A.R. 298/85) — under Physical Therapy Profession Act

Amended to add a provision to ensure confidentiality and retention of patient records in a physical therapy practice that has closed or changed ownership; and revises a provision on professional advertising. Effective April 5, 1990. (A.R. 82/90)

Amended to permit physiotherapy diploma graduates from Canadian schools to become registered practitioners in Alberta and to permit practitioners registered in the Courtesy Practitioner Register to participate in an educational course, program or research project in physical therapy, in addition to presenting or conducting courses, programs or projects. Effective December 6, 1990. (A.R. 372/90)

General Regulation (A.R. 349/85) — under Registered Dietitians Act

Amended to change the definition of a quorum of the Board from 10 members to a majority of its members. Effective October 11, 1990. (A.R. 316/90)

Health Insurance Premiums Regulation (A.R. 217/81)

Amended to remove the requirement for notification of the death of a registrant to be given to the Minister in writing and adds a new clause which retains the option for the Minister to request any notification to be confirmed in writing. Effective January 31, 1991. (A.R. 26/91)

Amended to implement an increase in monthly premium rates for Basic Health Services, Insured Hospital Services and the Alberta Blue Cross Plan non-group membership. Effective October 1, 1990. (A.R. 198/90)

Hospital Districts Regulation (A.R. 243/90)

Repeals and replaces "The Hospital Districts Regulations — A.R. 145/71" with this regulation which reflects minor revisions of an editorial/housekeeping nature. Effective August 9, 1990. (A.R. 243/90)

Hospitalization Benefits Regulation (A.R. 244/90)

Repeals and replaces the "Alberta Hospitalization Benefits Regulation — A.R. 355/73" with this regulation which reflects minor revisions of an editorial/housekeeping nature. Effective August 9, 1990. (A.R. 244/90)

Marriage Act Regulation (A.R. 111/85)

Amended to increase the fee a marriage license issuer may charge for a marriage license and to increase the amount a marriage license issuer must submit to the Director of Vital Statistics. Effective April 9, 1990. (A.R. 88/90)

Medical Benefits Regulation (A.R. 106/86)

Amended to change the General Rules and the individual benefit items in accordance with the agreement reached between the Government and the Alberta Medical Association. Effective April 1, 1990. (A.R. 79/90)

Amended to correct a printing error and increase one fee code (physical medicine & rehabilitation repeat office visit — referred cases only). Effective April 1, 1990. (A.R. 180/90)

Amended to correct a printing error. Effective April 1, 1990. (A.R. 215/90)

Amended to simplify fee codes for obstetrical care. Effective September 1, 1990. (A.R. 395/90)

Mental Health Regulation (A.R. 309/89)

Amended so that patients suffering from mental disorders may be treated at both the Peter Lougheed and Bow Valley Centres of the Calgary General Hospital. Effective July 26, 1990. (A.R. 199/90)

Nursing Homes Operation Regulation (A.R. 258/85)

Amended to increase the per diem funding rate to operators of nursing homes (effective April 30, 1990) and also to decrease the per diem rate paid to nursing homes effective July 1, 1990, to reflect a corresponding increase in the accommodation which was also effective July 1, 1990 (Effective July 1, 1990). (A.R. 112/90)

Amended to increase basic benefits payable to nursing home operators. Effective July 1, 1990. A.R. (258/90)

Operation of Approved Hospitals Regulation (A.R. 247/90)

Repeals and replaces the "Operation of Approved Hospitals Regulation — A.R. 146/71" with this regulation which reflects minor revisions of an editorial/housekeeping nature. Effective August 9, 1990. (A.R. 247/90)

Optometric Benefits Regulation (A.R. 27/83)

Amended to clarify terminology and procedures included in a basic examination and complete oculo-visual assessment and to increase benefits payable to optometrists. Effective June 18, 1990. (A.R. 152/90)

Amended to increase benefits payable to optometrists. Effective July 1, 1990. (A.R. 111/91)

Physical Therapy Benefits Regulation (A.R. 303/85)

Amended to implement minor revisions and clarification of general rules and to increase benefits payable to practitioners. Effective July 1, 1990. (A.R. 275/90)

Podiatric Benefits Regulation (A.R. 29/83)

Amended to increase benefits payable to podiatric practitioners. Effective August 1, 1990. (A.R. 220/90)

Registration, Fees and Forms Regulation (A.R. 304/85)

Amended to increase the cost of birth, marriage and death certificates. Effective April 9, 1990. (A.R. 89/90)

Regulated Matter Regulation (A.R. 246/85)

Amended to add disinfectants to the list of regulated matters. Effective August 8, 1990. (A.R. 224/90)

FINANCIAL INFORMATION 1990/91

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AMOUNTS RELATING TO ALBERTA HEALTH
INCLUDED IN GENERAL REVENUE FUND
STATEMENT OF EXPENDITURE BY PROGRAM AND SUB-PROGRAM

for the year ended March 31, 1991

Program Sub-Program	Funds Provided Estimates	Prior Year Liabilities	Special Warrants	Transfers	Total Authorized	Expended	Unexpended (Over Expended)
VOTED APPROPRIATIONS							
Departmental Support Services	$ 22,672,104	$ —	$ —	$ —	$ 22,672,104	$ 21,843,902	$ 828,202
Health Care Insurance							
Administrative Support	27,883,345	—	—	—	27,883,345	26,630,013	1,253,332
Provincial Contribution to the Health Care Insurance Fund	565,447,000	—	51,600,000	—	617,047,000	597,042,502	20,004,498
	593,330,345	—	51,600,000	—	644,930,345	623,672,515	21,257,830
Financial Assistance for Active Care							
Program Support	112,278,299	—	345,300	—	112,623,599	113,199,747	(576,148)
Major Urban Medical and Referral Centres	913,220,543	—	25,012,600	(1,800,000)	936,433,143	934,602,128	1,831,015
Other Referral Centres	192,777,407	—	4,653,000	2,050,000	199,480,407	199,188,420	291,987
Specialized Active Care	222,074,982	—	4,243,700	(1,230,000)	225,088,682	225,502,958	(414,276)
Community-Based Hospital Facilities	201,522,269	—	4,406,800	—	205,929,069	204,961,384	967,685
Rural Community-Based Hospital Facilities	133,516,749	—	2,571,400	980,000	137,068,149	137,151,083	(82,934)
Equipment Support	27,142,575	—	—	—	27,142,575	27,067,296	75,279
	1,802,532,824	—	41,232,800	—	1,843,765,624	1,841,673,016	2,092,608
Financial Assistance for Long-Term Care							
Program Support	25,895,139	—	25,000	(1,600,000)	24,320,139	21,286,397	3,033,742
Auxiliary Hospitals	227,885,580	—	3,600,000	1,300,000	232,785,580	232,476,142	309,438
District Nursing Homes	58,444,372	—	970,000	—	59,414,372	57,652,454	1,761,918
Private Nursing Homes	73,265,239	—	1,030,000	(1,300,000)	72,995,239	72,323,411	671,828
Voluntary Nursing Homes	30,320,192	—	400,000	1,600,000	32,320,192	31,777,224	542,968
Equipment Support	1,039,610	—	—	—	1,039,610	1,039,374	236
	416,850,132	—	6,025,000	—	422,875,132	416,555,002	6,320,130

AMOUNTS RELATING TO ALBERTA HEALTH
INCLUDED IN GENERAL REVENUE FUND
STATEMENT OF EXPENDITURE BY PROGRAM AND SUB-PROGRAM

for the year ended March 31, 1991

Program Sub-Program	Funds Provided Estimates	Prior Year Liabilities	Special Warrants	Transfers	Total Authorized	Expended	Unexpended (Over Expended)
Community Health Services							
Program Support	$ 1,019,951	$ —	$ —	$ 70,000	$ 1,089,951	$ 1,100,402	$ (10,451)
Vital Statistics	1,565,836	—	—	40,000	1,605,836	1,558,793	47,043
Prevention of Communicable Disease	11,557,480	—	156,000	(260,600)	11,452,880	11,092,289	360,591
Provincial Laboratories of Public Health	9,642,248	—	200,000	95,000	9,937,248	9,937,248	—
Independent Living Benefits	45,895,865	(496,758)	10,345,000	10,000	55,754,107	52,969,450	2,784,657
Health Unit and Community Agency Services	143,688,632	—	3,837,000	45,600	147,571,232	147,288,945	282,287
	213,370,012	(496,758)	14,538,000	—	227,411,254	223,947,127	3,464,127
Mental Health Services							
Program Support	3,164,511	—	—	(140,000)	3,024,511	2,900,944	123,567
Community Mental Health Services	29,223,324	—	—	(455,000)	28,768,324	28,967,021	(198,697)
Extended Community Care Programs	16,892,246	—	500,000	595,000	17,987,246	17,868,394	118,852
	49,280,081	—	500,000	—	49,780,081	49,736,359	43,722
Alcohol and Drug Abuse — Treatment, Prevention and Education	32,341,464	—	—	—	32,341,464	32,341,464	—
	3,130,376,962	(496,758)	113,895,800	—	3,243,776,004	3,209,769,385	34,006,619
STATUTORY APPROPRIATIONS							
Alberta Health Care Insurance Act	—	—	—	—	—	—	—
TOTAL 1991	$3,130,376,962	$(496,758)(b)	$113,895,800	$ —	$3,243,776,004	$3,209,769,385	$34,006,619
TOTAL 1990 (a)	$2,949,270,749	$ —	$ 31,500,000	$ —	$2,980,770,749	$2,976,282,521	$ 4,488,228

(a) The 1990 figures have been restated where necessary to conform to the 1991 presentation.
(b) In accordance with section 32 of the Financial Administration Act, the original estimates have been charged with liabilities of the prior fiscal year to the extent they exceeded the available authority.

AMOUNTS RELATED TO ALBERTA HEALTH INCLUDED IN THE GENERAL REVENUE FUND STATEMENT OF REVENUE

for the year ended March 31, 1991

	1991	1990
Payments from Government of Canada:		
Hospital Insurance	$449,309,784	$445,876,224
Vocational rehabilitation, disabled persons	14,537,443	9,340,760
Other	319,339	354,231
	464,166,566	455,571,215
Fees, Permits and Licences:		
Vital Statistics Act	2,035,358	1,629,525
Maintenance	1,275,624	1,289,546
Other	727,991	547,212
	4,038,973	3,466,283
Other Revenue:		
Refunds of expenditure:		
Third party liability	8,724,884	8,139,472
Previous years' refunds	2,140,634	4,604,054
Services and supplies to staff	11,018	12,329
Miscellaneous:		
Workers' Compensation Board Administration fees	225,000	225,000
Other	418,818	341,195
	11,520,354	13,322,050
Total Revenue	$479,725,893	$472,359,548

AMOUNTS RELATING TO ALBERTA HEALTH INCLUDED IN THE ALBERTA HERITAGE SAVINGS TRUST FUND

for the year ended March 31, 1991

PROJECT DESCRIPTION

Applied Cancer Research

Through its support to both clinical and pure research, this grant program is helping to make Alberta a centre of excellence in cancer research. The projects funded through the program provides benefits which extended beyond the laboratory and clinical trial to bedside patient care.

STATEMENT OF AMOUNTS EXPENDED

for the year ended March 31, 1991

Project	Amounts Authorized	Amounts Expended	Unexpended (Over Expended)
Applied Cancer Research	$2,800,000	$2,800,000	—

HEALTH CARE INSURANCE FUND
FINANCIAL STATEMENTS
MARCH 31, 1991

Auditor's Report
Balance Sheet
Statement of Revenue, Expenditure and Contributions
Statement of Changes in Financial Position
Notes to the Financial Statements

AUDITOR'S REPORT

To the Minister of Health

I have audited the balance sheet of the Health Care Insurance Fund as at March 31, 1991 and the statements of revenue, expenditure and contributions and changes in financial position for the year then ended. These financial statements are the responsibility of the Fund's Management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Fund as at March 31, 1991 and the results of its operations and the changes in its financial position for the year then ended in accordance with generally accepted accounting principles.

Donald D. Salmon

FCA
Auditor General

Edmonton, Alberta
July 25, 1991

HEALTH CARE INSURANCE FUND
BALANCE SHEET
AS AT MARCH 31, 1991

(thousands of dollars)

	1991	1990
ASSETS		
Cash	$ 70,606	$ 50,883
Accounts receivable (Note 2)	60,686	49,483
Contribution due from the Province of Alberta	—	13,123
	$131,292	$113,489
LIABILITIES		
Bank indebtedness	$ —	$ 2,215
Accounts payable	2,047	2,700
Claim benefits payable (Note 3)	94,713	95,731
Unexpended contribution due to the Province of Alberta	20,004	—
Unearned premiums (Note 4)	14,528	12,843
	$131,292	$113,489

The accompanying notes are part of these financial statements.

HEALTH CARE INSURANCE FUND
STATEMENT OF REVENUE, EXPENDITURE AND CONTRIBUTIONS
FOR THE YEAR ENDED MARCH 31, 1991

(thousands of dollars)

	1991	1990
REVENUE		
Premiums:		
Alberta Health Care Insurance Plan	$ 339,620	$ 288,745
Alberta Blue Cross Plan	14,198	11,244
Penalties	6,314	4,989
Interest and miscellaneous	4,019	9,584
Uncollectible revenue	(19,889)	(10,500)
Total revenue	344,262	304,062
EXPENDITURE		
Health Services:		
Basic:		
Medical	765,570	719,756
Chiropractic	29,323	27,615
Physical Therapy	26,572	23,618
Optometric	17,465	16,766
Oral Surgery	10,506	10,129
Podiatric	4,037	3,807
	853,473	801,691
Extended	42,627	39,817
	896,100	841,508
Alberta Blue Cross Plan benefits:		
Non-premium paying registrants	128,210	117,675
Premium paying registrants	25,656	23,093
	153,866	140,768
Out-of-province hospital costs	36,393	32,644
Physicians' program benefits (Note 5)	9,547	8,503
Total expenditure	1,095,906	1,022,423
Excess of expenditure over revenue for the year	$ 751,644	$ 719,361
CONTRIBUTIONS		
Government of Canada (Note 6)	$ 154,601	$ 153,420
Province of Alberta (Note 6)	$ 597,043	$ 565,941
	$ 751,644	$ 719,361

HEALTH CARE INSURANCE FUND
STATEMENT OF CHANGES IN FINANCIAL POSITION
FOR THE YEAR ENDED MARCH 31, 1991

(thousands of dollars)

	1991	1990
Operations:		
Excess of expenditure over revenue for the year	$(751,644)	$(719,361)
Changes in non-cash balances:		
Accounts receivable, excluding amounts under administration agreements	(9,665)	(633)
Accounts payable	(653)	(905)
Claim benefits payable	(1,018)	8,670
Unearned Premiums	1,685	1,818
	(9,651)	8,950
Cash applied to operations:	(761,295)	(710,411)
Transactions under administration agreements:		
Cash received for:		
Hospital costs, reciprocal agreements	55,683	51,482
Medical costs, reciprocal agreements	19,114	14,702
The Workers' Compensation Board	15,347	12,727
Sessional agreements	2,953	4,105
	93,097	83,016
Cash expended for:		
Hospital costs, reciprocal agreements	(56,229)	(57,701)
Medical costs, reciprocal agreements	(19,103)	(16,203)
The Workers' Compensation Board	(15,575)	(14,235)
Sessional agreements	(3,728)	(3,092)
	(94,635)	(91,231)
Cash applied to transactions under administration agreements	(1,538)	(8,215)
Contributions:		
Cash provided by:		
Government of Canada	154,601	153,420
Government of Alberta		
— current year contribution	617,047	552,818
— prior year contribution (repayment)	13,123	(38,221)
Cash provided by contributions	784,771	668,017
Increase (decrease) in net cash	21,938	(50,609)
Cash at beginning of year, net	48,688	99,277
Cash at end of year, net	$ 70,606	$ 48,668

HEALTH CARE INSURANCE FUND
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 1991

Note 1 Authority

The Health Care Insurance Fund operates under the authority of the Alberta Health Care Insurance Act, Chapter A-24, Revised Statutes of Alberta 1980, as amended.

Note 2 Accounts Receivable

Accounts receivable consist of the following:

	1991	1990
	(thousands of dollars)	
Operating:		
Premiums and penalties	$81,994	$71,795
Miscellaneous	3,735	355
	85,729	72,150
Less allowance for uncollectible accounts	41,422	37,508
	44,307	34,642
Receivables under administration agreements:		
Hospital costs, reciprocal agreements	8,970	8,424
Medical costs, reciprocal agreements	3,344	3,754
The Workers' Compensation Board	3,023	2,795
Sessional agreements	1,042	267
	16,379	15,240
Less allowance for uncollectible accounts	—	399
	16,379	14,841
	$60,686	$49,483

Note 3 Claim Benefits Payable

Claim benefits payable consist of the following:

	1991	1990
	(thousands of dollars)	
Health Services:		
Basic	$64,275	$67,127
Extended	3,775	4,029
	$68,050	$71,156
Alberta Blue Cross Plan benefits	17,532	14,794
Out-of-province hospital costs	9,131	9,781
	$94,713	$95,731

Claim benefits payable consist of known liabilities payable at the year-end and estimated additional liabilities for services provided prior to the year-end based on historical information about the relationships between service dates and payment dates.

Note 4 Unearned Premiums

Unearned premiums consist of the following:

	1991	1990
	(thousands of dollars)	
Amounts billed in advance	$12,851	$10,528
Unbilled amounts prepaid by registrants	1,677	2,315
	$14,528	$12,843

Note 5 Physicians' Program Benefits

Physicians' program benefits consist of the following:

	1991	1990
	(thousands of dollars)	
Liability insurance contributions	$ 4,780	$ 3,974
Continuing medical education fund contributions	1,870	1,852
Disability insurance fund contributions	1,357	1,345
Location incentives	1,415	1,332
Other	125	—
	$ 9,547	$ 8,503

Note 6 Contributions

Government of Canada

The Government of Canada contribution is received by the Provincial Treasurer pursuant to provisions of the Federal- Provincial Fiscal Arrangements and Federal Post-Secondary Education and Health Contributions Act, Chapter F-8, Revised Statutes of Canada 1985, as amended. Amounts deemed by the Provincial Treasurer to be a contribution with respect to health care are then paid into the Health Care Insurance Fund. The deemed contribution amounts include amounts received by the Provincial Treasurer for the current year and for adjustments relating to prior years.

Province of Alberta

The excess of expenditure over revenue, after deducting the amount provided by the Government of Canada, is contributed by the General Revenue Fund of the Province of Alberta.

Salaries, accommodation and other overhead costs incurred in the administration of the Fund are borne by the General Revenue Fund and are not reflected in these financial statements.

Note 7 Comparative Figures

The 1990 figures have been reclassified where necessary to conform to 1991 presentation.

Note 8 Approval of Financial Statements

These financial statements were approved by management.